

September 1, 2008

# Montana Healthcare Programs Notice

## Inpatient Hospitals

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### Prior Authorization

Effective for inpatient claims with first date of service October 1, 2008, the following claim types will require prior authorization:

- Out of state inpatient stays
- Interim claims equal to or greater than 30 days
- Mental health stays
  - Including partial hospitalization
- Other services normally requiring authorization:
  - All transplants
  - Maxillofacial/cranial surgery
  - Blepharoplasty
  - Botox myobloc
  - Services listed in the Montana Healthcare Programs provider manuals requiring prior authorization

Please note that Medicare crossover and third party claims will also require prior authorization for the services listed above effective October 1, 2008, except for the following:

- Medicare crossover claims for mental health services will **not** require prior authorization.
- Out of state hospital Medicare crossover claims (except for transplants and other services normally requiring authorization) will **not** require prior authorization.

For a list of all services requiring prior authorization, go to the Inpatient or Critical Access Hospital (CAH) provider manuals at [mtmedicaid.org](http://mtmedicaid.org).

### Contact Information

For prior authorization:

**MPQHF, Prior Authorization, Transplant and Utilization Review**  
**(800) 262-1545 X5850 In- and out-of-state**  
**(406) 443-4020 X5850 Helena**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**  
**Helena: (406) 442-1837**  
**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**